

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
Quality Assurance Division
LICENSED CARE PROVIDER MEDICAL REPORT

NAME: _____ DATE: _____

ADDRESS: _____

FACILITY NAME: _____

TO PHYSICIAN/PSYCHIATRIST/PSYCHOLOGIST OR COUNSELOR:

The above noted individual has made application to be licensed as an adult foster care home or has made application to be employed by an existing adult foster care home in a facility licensed by the State of Montana, Department of Public Health and Human Services.

In accordance with 50-5-101, MCA an adult foster care home means a private home or other facility that offers, except as provided in 50-5-216, MCA only light personal care or custodial care to four or fewer disabled adults or aged persons who are not related to the owner or manager of the home.

To assist us in our evaluation, we would appreciate the following information on the above-named applicant. On the applicant's self statement of his/her personal health, he/she indicated that there is or was a health problem in regard to:

1. What, if any, are the limitations on his/her ability to provide care in relationship to the stated health problem? _____

2. Are there any additional health conditions which you are aware of that could affect the applicant's ability to provide the care as identified above? Please indicate the nature of the condition and the extent of the effect:

- over -

(SIGNATURE OF REPORTING PROFESSIONAL)

(DATE)

ADDRESS:

I authorize the sending of this report to the State of Montana, Department of Public Health and Human Services Office at the address designated below. I understand that this information is confidential and to be used by the Department of Public Health and Human Services for the administration of the licensure program. I hereby consent to the use of this information for such purposes.

(SIGNATURE OF APPLICANT)

(DATE)

(Use this space for comments)

(If additional space is needed, please attach additional pages)

PLEASE RETURN TO:

Attention: Kathy Cook
2401 Colonial Drive
2nd Floor
P.O. Box 202953
Helena, MT 59620-2953